

Comments:**- Affix label here-**

Clinical Center/ID: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

1. Contact date: _____ (M/D/Y)

2. Completed by: _____

3. Contact type:

☐ ₁ Phone☐ ₃ Visit☐ ₂ Mail☐ ₈ Other


4. Visit type:

☐ ₁ Screening # _____☐ ₂ Semi-Annual # _____☐ ₃ Annual # _____☐ ₄ Non-Routine

5. Date pelvic exam performed:

_____ (M/D/Y)

6. Pelvic exam performed by:

☐ ₁ CC staff☐ ₂ Other 

6.1. Report taken by: _____

6.2. MD Name: _____

Clinic Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

6.3. Were there any abnormal findings found during the pelvic exam?

☐ ₀ No☐ ₁ Yes

6.4. Verbal report provided by:

____ Clinician:
Name/Title _____

____ Participant

7. External genitalia (vulva):

	No	Yes, probably benign	Yes, possibly malignant
7.1. Loss of adipose tissue	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.2. Thinning of hair	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.3. Abnormal discoloration	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.4. Ulceration	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.5. Growth	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

8. Vagina

	No	Yes, probably benign	Yes, possibly malignant
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8.1. Atrophy ☐ ₀ ☐ ₁ ☐ ₂8.2. Smooth ☐ ₀ ☐ ₁ ☐ ₂8.3. Pale ☐ ₀ ☐ ₁ ☐ ₂8.4. Friable with contact ☐ ₀ ☐ ₁ ☐ ₂8.5. Blood present ☐ ₀ ☐ ₁ ☐ ₂8.6. Abnormal discoloration ☐ ₀ ☐ ₁ ☐ ₂8.7. Ulceration ☐ ₀ ☐ ₁ ☐ ₂8.8. Growth ☐ ₀ ☐ ₁ ☐ ₂

8.9. Cystocele:

☐ ₀ None☐ ₁ Grade 1
(in vagina)☐ ₂ Grade 2
(to introitus)☐ ₃ Grade 3
(outside vagina)

8.10. Rectocele:

☐ ₀ None☐ ₁ Grade 1
(in vagina)☐ ₂ Grade 2
(to introitus)☐ ₃ Grade 3
(outside vagina)

Chart notes:


9. Cervix:

☐₀ Absent☐₁ Present

	No	Yes, probably benign	Yes, possibly malignant
9.1. Flush with vaginal vault	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9.2. Friable with contact	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9.3. Surface lesion/ growth (other than ectopy, Nabothian cyst)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9.4. Polyp	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

10. Uterus:

☐₀ Absent (*Go to Question 11.*)☐₁ Present☐₉ Unable to palpate (*Go to Question 11.*)

10.1. Prolapse:	10.2. Uterine size:	10.3. Enlarged since last exam:
<input type="checkbox"/> ₀ None		<input type="checkbox"/> ₀ No
<input type="checkbox"/> ₁ Grade 1 (in vagina)	 weeks	<input type="checkbox"/> ₁ Yes
<input type="checkbox"/> ₂ Grade 2 (to introitus)		
<input type="checkbox"/> ₃ Grade 3 (outside vagina)		

11. Adnexae:

☐₀ Normal☐₁ Mass present☐₉ Unable to palpate/absent11.1. ☐₁ Right☐₂ Left☐₃ Both

External genitalia:



PAP SMEAR

12. Was Pap smear obtained?

☐₀ No, not done☐₁ No, send for outside report☐₂ Yes, vaginal smear☐₃ Yes, Pap smearInitiate
Form 92 - Pap Smear

Follow-up

13. Was a referral made for follow-up care?

☐₀ No☐₁ Yes13.1. Referred by: 13.2. Date of referral: -- (M/D/Y)

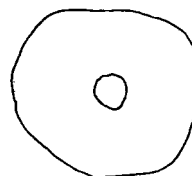
13.3. Referred to:

MD/Clinic: Address: Phone:

13.4. Pelvic follow-up results:

☐₀ Normal☐₁ Benign changes☐₂ Possibly malignant

Cervix/vagina:



Ovaries/uterus:

